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ABSTRACT

Dissatisfaction with body image among women has become a major psychological and physical contemporary problem. This study is among the few to empirically suggest that overall body satisfaction is strongly related to perceived discrepancy of one's body image from ideal societal standards of attractiveness. This study also identifies the personal importance of meeting these ideals (IMI) as a mediating variable between body satisfaction and either self-esteem or depression. The results indicated that body satisfaction was positively correlated with self-esteem and negatively correlated with depression scores in a sample of 164 undergraduate women. As predicted, low body satisfaction alone did not predict self-esteem and depression scores as strongly as when IMI was included as a predictor. The presence of IMI enhances our understanding of why not all women who are dissatisfied with their bodies inevitably display lowered self-esteem and depression scores. (BF)

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IMPORTANCE OF IDEAL BODY IMAGE, SELF-ESTEEM AND DEPRESSION IN FEMALES

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Abstract

The results indicated that body satisfaction was positively correlated with self-esteem and negatively correlated with depression scores in a sample of 164 undergraduate women. The present study is among the few to empirically suggest that overall body satisfaction is strongly related to perceived discrepancy of one's body image from ideal societal standards of attractiveness. This study also is the first study to identify the personal importance of meeting these ideals (IMI) as a mediating variable between body satisfaction and self-esteem or depression. As predicted, low body satisfaction alone did not predict self-esteem and depression scores as strongly as when IMI was included as a predictor. The presence of IMI enhances our understanding of why all women who are dissatisfied with their bodies do not inevitably display lowered self-esteem and depression scores.

Introduction

Dissatisfaction with body image among women has become a major psychological and physical problem of our time. So widespread is dissatisfaction, particularly with weight, that it has been described as "normative discontent" (Rodin, Silberstein, & Striegel-Moore, 1985). A survey of 33,000 American *Glamour* readers found that 75% of the female respondents regarded themselves as overweight although fewer than 25% could be categorized as such; only 6% were very happy with their bodies (Wooley & Wooley, 1984). A body image survey of 2,000 *Psychology Today* readers (sample taken from 30,000 respondents) found that 93% of the women reported they were concerned about their appearance and do things to improve it, 45% of the women said they would consider having cosmetic surgery, and 38% were definitely or mostly dissatisfied with their looks as they are (Cash, Winstead, & Janda, 1986). These concerns appear in women of all ages who are taught to pay attention to and cultivate their attractiveness from a young age (Freedman,1986). Girls as young as nine years old have been found to be on diets because of concerns about being thin (Mellin et al., 1988 as quoted in Elovson, Chocron, Jurasky & Ringer, 1988).

Body dissatisfaction is also prevalent among college women, who report significantly greater dissatisfaction with their bodies than men report and were more likely than men to perceive themselves as overweight regardless of actual weight (McCaulay, Mintz, & Glenn, 1988; Mintz & Betz, 1986). This prevalent concern with appearance and the quest for extreme thinness appear to have led to an epidemic of body dissatisfaction.

In addition to being socialized to the importance of attractiveness, women are

further urged to meet high, usually unattainable standards of beauty. Many writers have asserted that a major source through which these messages are conveyed is the media, which depicts as a goal for women an idealized narrow range of attractiveness which few possess or can achieve (Downs & Harrison, 1985; Elovson et al., 1988; Pollay, 1986; Rodin et al., 1985; Striegel-Moore, Silberstein & Rodin, 1986). Clearly, women's view of themselves is distorted by the template of societal ideal standards.

It is important to study body image dissatisfaction because numerous negative economic, physical and psychological consequences are associated with it, such as time and money spent, chronic dieting, excessive cosmetic surgery and eating disorders (Elovson et al., 1988; Freedman, 1986; Hamburger, 1988; Orth, 1988; Striegel-Moore et al., 1986). Most importantly, many writers tie the psychological consequences of low self-esteem and depressive responses to women's body dissatisfaction (Allgood-Merten, Lewinsohn & Hops, 1990; Cooper & Fairburn, 1993; Mable, Balance, & Galgan, 1986; Marsella, Shizuru, Brennan & Kameoka, 1981; McCaulay et al., 1988; Mintz & Betz, 1986; Noles, Cash & Winstead, 1985; Teri, 1982).

Despite the fact that body dissatisfaction is so widespread, not all women become depressed or have low self-esteem. Implicit in studies which have examined body dissatisfaction, depressive responses, and self-esteem is the assumption that body dissatisfaction is almost inevitably connected to depressive responses and low self-esteem. If this were so, all women who were dissatisfied with their bodies would be depressed and have poor self-esteem. Clearly, many do not. There are studies which suggest that dissatisfaction with weight alone is not

predictive of low self-esteem (Franzoi & Shields,1984; Silberstein, Striegel-Moore, Timko, & Rodin, 1988) or of significantly more depression or anxiety (Wadden, Foster, Stunkard & Linowitz, 1989).

Since most studies have shown that dissatisfaction with appearance is related not to objective ratings of attractiveness but to how subjects perceive themselves (Noles et al., 1985), it seems that perceived discrepancy from the ideal (i.e., the extent to which women feel their looks differ from current ideal standards) is an important mediating factor. Few authors have empirically investigated the effect of the widely disseminated societal standards on body satisfaction, depression, and self-esteem. A study by Davis (1985) indicated that as perceived body type moved toward heavier body builds (i.e., deviated from the perceived cultural ideal of thinness), body satisfaction did indeed decrease in women.

Whether perceived discrepancies will result in depressive responses and low self-esteem may depend not only on how different from these standards women perceive themselves as being but on how important it is to women to meet these standards (i.e. importance of meeting the ideal). Despite the extent of dissatisfaction with body image, there seem to be many women who see themselves as differing from the ideal images with which they are surrounded, but for whom measuring up to these standards may not be of great importance to their self-worth. It is the extent to which women accept the unattainable standards idealized in the media and internalize them as personally important that may determine the relationship to self-esteem and depression.

Thus it appears that further understanding of the relationship between body dissatisfaction and depressive responses or self-esteem needs to take into account

the role of both perceived discrepancy from the ideal and the importance of meeting standards seen as "ideal." The purpose of the present study is to examine the following relationships:

H_1: Depression (as measured by Beck Depression Inventory and Depression Adjective Check List-DACL) as a function of body satisfaction (measured by Body Esteem Scale-BES), perceived discrepancy from the ideal (measured by Perceived Discrepancy from Ideal Scale-PDI), importance of meeting the ideal (measured by Importance of Meeting Ideal Scale-IMI) and body type discrepancy (measured by the Body Type Scale-BTS).

H_2: Self-esteem (measured by the Rosenberg Self-Esteem Scale) as a function of body satisfaction (measured by BES), perceived discrepancy from the ideal (measured by PDI), importance of meeting the ideal (measured by IMI) and body type discrepancy (measured by the BTS).

H_3: Body satisfaction (measured by BES) as a function of perceived discrepancy from the ideal standards (measured by PDI) and importance of meeting the ideal standards (measured by IMI).

H_4: The relationship between body satisfaction (measured by the BES) and self-esteem (measured by the Rosenberg Self-Esteem Scale).

H_5: The relationship between body satisfaction (measured by the BES) and depression (measured by either the Beck or DACL).

Methods

Subjects

The sample was composed of 164 females between 17 and 26 years old with an average age of 19.9 years. They were recruited from public and private universities and community colleges in the Los Angeles area and most (90.3%) respondents were in their first two years of undergraduate college. The ethnic groups included: 62.2% Caucasian, 17.7% Asian/Pacific, 9.8% Hispanic, 5.5% Black, and 4.9% other individuals. The sample's mean weight of 128.87 lbs. is within the acceptable range (127-141 lbs.) for a medium frame woman whose height is 5'5", which was the mean height of the sample (Metropolitan Life Insurance Company, 1983).

Materials

Body image satisfaction was measured by the Body Esteem Scale (Franzoi & Shields, 1984). This questionnaire asks respondents to indicate how they feel about 35 body parts or functions using a scale ranging from 1=have strong negative feelings to 5=have strong positive feelings. A total score for body esteem was obtained as well as three separate factor scores for the subscales: sexual attractiveness, weight concern, and physical condition (Franzoi & Shields, 1984). Good internal consistency is indicated by alpha coefficients for females of .78, .87, and .82 for the above respective factors. In a later study, Franzoi & Herzog (1986) found significant concurrent validity; sexual attractiveness was related to an overall attractiveness self-rating, weight concern was related to thinking of food as adding weight, and physical condition was related to the amount of aerobic exercise.

The extent to which women perceive themselves as similar or dissimilar to

current "ideal" standards of attractiveness was assessed by the Perceived Discrepancy from Ideal Scale, which was developed for this study using the 35 items of the Body Esteem Scale. Participants responded to the question: "To what extent do you feel that your body measures up to current ideal standards of attractiveness and good looks?" using a scale ranging from 1=far below ideal to 5=meets ideal standards. In terms of reliability, Cronbach alpha coefficients were computed for the subscales: .87 for sexual attractiveness, .95 for weight concern, and .90 for physical condition, and for total PDI: .95. The significant correlation ($r=-.53$, $p=.001$) of the PDI scale with the amount of discrepancy between perceived body type and ideal body type on the Body Type Scale (see below) supports the convergent validity of the scale.

To measure the importance to respondents of meeting the ideal standards, the Importance of Meeting the Ideal Scale was similarly developed for this study, also using the list from the Body Esteem Scale. Respondents were asked to indicate "How important is it to you that you meet these ideal standards?" using a scale ranging from 1=extremely unimportant to 5=very important. High reliability of the scale was indicated by Cronbach alpha coefficients: .90 for sexual attractiveness, .92 for weight concern, .89 for physical condition and .94 for total IMI. A small pilot study (N=15) revealed that respondents understood the questions and properly completed the new scales.

The discrepancy between perceived and ideal body type (BTD) was assessed by the Body Type Scale, a modification of the Perceived Somatotype Scale developed by Davis (1985). The original scale has seven figures. Based on opinions by females similar to the sample, it was judged as necessary to add two figures to the

thinner end of the scale. Respondents are asked to indicate which body type figure most resembles their own and which one they would ideally like to have. Thus a discrepancy score was obtained.

Depression was measured by the Beck Depression Inventory (Beck, Ward, Mendelson, Mock & Erbaugh, 1961) and the Depression Adjective Check List (Lubin, 1965). The Beck Depression Inventory (Beck) is designed to assess the attitudes and symptoms of depression and yields a severity of depression score. Shaw, Vallis & McCabe (1985) reviewed the literature on the Beck and found it to have good internal consistency and concurrent validity; test-retest reliability ranges from r=.69 to r=.90 and it correlates with clinician's ratings in the range of .62-.77.

The Depression Adjective Check List (DACL) is designed to assess depressed mood, feeling or emotion. It is less clinical than the Beck, and has the ability to tap into "state" variables. Split-half reliability correlations are r=.82-.93 for non-patients and r=.86-.93 for patients (Lubin, 1981). Form G was randomly picked for this study. Correlation of the DACL with the College Inventory of Depression, a state measure of depression, is r=.68 (Lubin, Nathan & Nathan, 1981 as reported in Lubin, 1981).

The global self-esteem of participants was assessed by the Rosenberg Self-Esteem Scale (Rosenberg, 1965). This scale measures the self acceptance aspect of self-esteem. Silber and Tippett (1965) report a test-retest reliability correlation of r=.85 over two weeks. Concurrent validity correlations are from r=.56 to r=.83 with several similar measures and clinical assessment (Silber & Tippett, 1965). Rosenberg (1965) also reports considerable data on the construct validity of this measure.

Procedures

The investigator distributed a packet containing instructions, a consent form and the questionnaires to students in the classroom at their college campus. Students represented a wide variety of majors. Participation in the study was optional with approximately a 35% return rate. Participants completed the packet outside the classroom and returned it to the instructor or mailed it to the investigator.

The design used multiple regression and correlation to assess the contribution of the predictor variables (body satisfaction, perceived discrepancy from ideal, importance of meeting ideal and body type discrepancy), to the criterion variables (depression and self-esteem scores). A multiple regression framework was used to test Hypotheses 1, 2, and 3 (a=.05). Pearson product-moment correlation coefficients were used to test Hypotheses 4 and 5 (a=.05).

Results

Body Esteem Scale

Total body satisfaction was measured by the Body Esteem Scale (BES) on which low scores represent negative feelings towards one's body parts and high scores represent positive feelings. The distribution of total BES scores appears to be normally distributed with M=120.24, SD=20.78, range 70-175. Franzoi et al. (1984) do not report any norms for total BES. For the subscales the sample means are very similar to the norms for college women reported by Franzoi et al. (1984). Sample subscale means are: 46.9 for BES-sexual attractiveness, 30.4 for BES-weight concern, and 32.84 for BES-physical condition; Franzoi's reported norms are 46.9, 29.9 and 33.3 respectively. The standard deviations of the subscales for this sample are 7.64, 9.91, and 6.65 respectively; Franzoi et al. (1984) reported standard deviations of 6.3, 8.2, and 5.7.

Perceived Discrepancy from Ideal Scale

The PDI scale developed for this study was designed to measure the extent to which women perceive themselves as similar or dissimilar to current ideal standards of attractiveness. High scores represent the respondent's perception of being close to or meeting the ideal and low scores represent the perception of being below or far below the ideal. The sample mean of 116.26 indicates that respondents, on the average, feel they are in the mid-range. Results of the PDI do not appear to be skewed. Since the PDI scale is a new scale, no norms are available. The BES and PDI total scales are highly correlated: r=.87, p=.001 (i.e. higher body satisfaction is associated with the perception of being closer to the ideal).

Importance of Meeting the Ideal Scale

How important it was to the respondents to meet these ideal standards was assessed by the IMI scale. Since this instrument was also developed for this study, no norms are available. The IMI scale had a mean of 130.23 which reflects that it was indeed important on the average for this sample to meet ideal standards (averaging close to 4 on the 5 point scale for the 35 items). The standard deviation was 19.1 and the range varied from moderately unimportant (averaging a score of 2) to very important (averaging a score of 5). Only 8% of the women scored at the midpoint of the scale or below. No respondents scored in the extremely unimportant range.

Correlation of IMI with dependent and independent variables. IMI was conceived as a separate variable and, as such, was not expected to be related to the other variables. The IMI scores were not significantly correlated with the dependent variables of self-esteem, depression-DACL or depression-Beck using Pearson product-moment correlations. It had low but significant correlations with the BES ($r=.19$, $p=.01$) and the PDI ($r=.25$, $p=.001$) and was not significantly correlated with perceived body type ($t=.03$, $p=.33$), ideal body type ($t=.04$, $p=.26$), or body type discrepancy amount ($t=.08$, $p=.11$). Thus IMI appears to be a relatively independent measure and one which is only in small part related to perceived discrepancy.

Body Type Scale

Responses of this sample of young women to the Body Type Scale, which asked them to choose a figure which most resembled their own body (i.e. perceived body type) and one which they would ideally like to have (i.e. ideal body type), are

Table 1
Choices of Ideal Body Type by Perceived Body Type

	Ideal Body Type										
Perceived Body Type	1	2	3	4	5	6	7	8	9	Row Total	Percent
1	1	6*	1*	0	0	0	0	0	0	8	(4.9)
2	4	18	2*	8*	0	1*	0	0	0	33	(20.4)
3	4	20	7	7*	3*	0	0	0	0	41	(25.3)
4	0	10	3	4	6*	0	0	0	0	23	(14.2)
5	0	1	4	4	4	3*	0	0	0	16	(9.9)
6	1	8	1	2	3	2	0	0	0	17	(10.5)
7	0	5	4	3	2	0	0	0	0	14	(8.6)
8	0	0	0	0	3	1	0	0	0	4	(2.5)
9	0	0	0	3	1	2	0	0	0	6	(3.7)
Column Total	10	68	22	31	22	9	0	0	0	162	
Percent	(6.2)	(42)	(13.6)	(19)	(13.6)	(5.6)	(0)	(0)	(0)	100	

Note. Figure numbers 1-9 represent figures a-i on the Body Type Scale with 1 being the thinner end of the scale.
*Ideal Body Type > Perceived Body Type.

shown in Table 1. In contrast to the range of perceived body types (figures 1-9), the range of responses for ideal body type was narrower covering only body type figures 1 to 6. Indeed, almost half (48.2%) of the sample chose the two thinnest figures (which were added to the scale for this study) as the ideal body types while one-fourth of the women indicated that they had body types similar to these figures.

In terms of the amount of discrepancy between perceived and ideal body types, 77.8% of the respondents reported a discrepancy; however, 57.4% of the sample reported a discrepancy of only one or two figures. As expected, many of the respondents identified a thinner ideal body type than their perceived body type (54.9%);however, a surprising 22.8% (N=37) chose an ideal that was heavier than their perceived body types (see Table 1).

Self-Esteem Scale

On the Rosenberg Self-Esteem Scale, respondents had a mean score of 31.34 (SD=5.16). Although there are no norms for this scale, the sample mean is similar to the mean of 27.8 reported in another study of college students (Egeland, Hunt, & Hardt, 1970). The scale ranges between 10-40; the range for this sample was 17-40.

Depression measures

Depression was measured by both the Depression Adjective Check List (DACL) and the Beck Depression Inventory (Beck). For the DACL, the sample mean of 9.16 and SD=6.25 are similar to those from a nonpsychiatric norm sample of predominantly college students in which M=7.72 and SD=5.49 (Lubin, 1981). The sample range of 0-32 on the DACL reflects a range from an absence of a depressed mood to the presence of a severely depressed mood. On the Beck

Depression Inventory, the sample mean of 8.89 (SD=7.93, range 0-55) is below the cutoff level for minimal depression (10.9, SD=8.1) indicating that this sample was not, on average, a depressed group (Beck & Steer, 1987).

Hypotheses

Hypothesis 1 examined depression (as measured by the DACL and Beck) as a function of body satisfaction (BES), perceived discrepancy from the ideal (PDI), importance of meeting the ideal (IMI) and body type discrepancy (BTD). With depression-DACL as the dependent variable, regression analysis yielded R=.496 and R^2=.246 ($F_{4,153}$=12.468, p<.0001). In this sample of young women, depression-DACL was found to be directly related to BES, PDI, IMI, and BTD which accounted for almost 25% of the variance. However, BES was the only variable which showed a significant individual relationship to depression-DACL with a partial correlation of -.249 (t=-3.177, p=.0018). With depression-Beck as the dependent variable, regression analysis yielded an R of .56 and R^2=.314 ($F_{4,153}$=17.495, p<.0001);thus, the variables accounted for 31% of the variance. In this sample, BES and IMI were the only variables which indicated a significant individual relationship with depression-Beck. The partial correlations were: -.304 for BES (t=-3.951, p=.0001) and .280 for IMI (t=3.606, p=.0004).

Hypothesis 2 examined self-esteem , as measured by the Rosenberg Self-Esteem Scale, as a function of BES, PDI, IMI, and BTD. Multiple regression analysis yielded an R=.558 and R^2=.312 ($F_{4,153}$=17.337, p<.0001). For this sample of college women BES, PDI, IMI, and BTD together accounted for 31% of the variance in self-esteem. However, further analysis again revealed that BES and

IMI were the only variables which indicated a significant individual relationship with the dependent variable. The partial correlations were: .181 for BES ($t=2.271$, $p=.0245$) and -.176 for IMI ($t=-2.208$, $p=.0288$).

Hypothesis 3 looked at body satisfaction (BES) as a function of perceived discrepancy from the ideal (PDI) and importance of meeting the ideal (IMI). Multiple regression analysis yielded $R=.874$ and $R^2=.764$ ($F_{2,156}=253.184$, $p<.0001$); thus, PDI and IMI accounted for over 76% of the variance in body satisfaction in this sample. However, only PDI was significantly related to body satisfaction with a partial correlation of .87 ($t=22.012$, $p<.0001$). IMI and BES were not reliably related in this analysis which again indicates the independence of the IMI factor.

Hypothesis 4 examined the relationship between body satisfaction, as measured by BES, and self-esteem, as measured by the Rosenberg Self-Esteem Scale. For this sample a significant and positive relationship between body satisfaction and self-esteem was found ($r=.525$, $p=.001$).

For Hypothesis 5, the relationships between body satisfaction, as measured by BES, and depression, as measured by the Beck and the DACL, were examined. Significant, inverse relationships were found between both body satisfaction and depression-Beck ($r= -.471$, $p=.001$) and between body satisfaction and depression-DACL ($r= -.478$, $p=.001$).

Post-hoc analyses

Since body satisfaction (BES) and importance of meeting the ideal (IMI) were significantly related to the dependent measures of self-esteem and depression in the multiple regression analyses, these relationships were further analyzed. Responses

on the BES and IMI were divided into categories of high and low based on median splits and grouped in a 2x2 matrix as follows: high BES-high IMI (HH), high BES-low IMI (HL), low BES-high IMI (LH), and low BES-low IMI (LL). Membership in the groups consisted of: 29.6% HH (N=48), 24.1% HL (N=39), 22.2% LH (N=36) and 24.1% LL (N=39). One-way analyses of variance were used to examine the relationship of these four groups to Rosenberg Self-Esteem, depression-DACL and depression-Beck. Using the Scheffe test, the differences between the pairs of groups were tested.

Overall, similar patterns were obtained for the dependent measures. The high BES-high IMI (HH) and high BES-low IMI (HL) groups had both higher self-esteem and lower depression on both measures while the low BES-high IMI (LH) group had lower self-esteem and higher depression on both of the measures. Interestingly, the low BES-low IMI (LL) group was not significantly different from the other groups. See Table 2.

Table 2
Means of Body Satisfaction-Importance of Meeting Ideal Groups

	M	Significantly Different Groups, Scheffe Test p=.05			
		LH	LL	HL	HH
Self-Esteem					
$F_{3,158}$=7.43, p=.0001					
Low BES-High IMI (LH)	28.64			*	*
Low BES-Low IMI (LL)	30.21				
High BES-Low IMI (HL)	32.92	*			
High BES-High IMI (HH)	32.94	*			
Depression-DACL					
$F_{3,158}$=9.52, p=.0001					
High BES-High IMI (HH)	6.83	*			
High BES-Low IMI (HL)	7.54	*			
Low BES-Low IMI (LL)	10.13				
Low BES-High IMI (LH)	13.14			*	*
Depression-Beck					
$F_{3,158}$=9.22, p=.0001					
High BES-Low IMI (HL)	5.97	*			
High BES-High IMI (HH)	6.79	*			
Low BES-Low IMI (LL)	9.74				
Low BES-High IMI (LH)	14.03			*	*

Discussion

The purpose of this study was to examine further the contribution of body image variables to self-esteem and depression scores. Two new factors, the perceived discrepancy from ideal (PDI) and the importance of meeting the ideal (IMI) were introduced. Although body dissatisfaction is widespread among women, this condition does not inevitably lead to depressive responses or low self-esteem in all women. Hence, the present study sought to discover what other variables might contribute to the relationships. The most important features of this study are: the conceptualization and verification of the importance of meeting the ideal (IMI) factor and an examination of the role IMI plays in relationship to self-esteem and depressive responses.

The Correlation of Body Satisfaction to the Dependent Measures

In this sample of young women, body satisfaction scores were significantly related to global self-esteem scores, and body dissatisfaction scores were significantly related to both depression-DACL and depression-Beck scores (Hypotheses 4 and 5). These results are similar to those reported in other studies (Mable et al., 1986; Marsella et al., 1981; Mintz & Betz, 1986; Noles et al., 1985; Teri, 1982). These findings are consistent with the growing evidence of the important role of body image in female socialization (Freedman, 1986). Using a greater selection of instruments than many prior studies, the present study adds more data to the literature to confirm these relationships.

The Relationship of Body Satisfaction to Perceived Discrepancy from Ideal

The results of this study also indicate that body satisfaction correlated significantly with a new factor, the perceived discrepancy from ideal standards of attractiveness (PDI; Hypothesis 3). Although some investigators have claimed that

the influence of the media results in young women internalizing a thin ideal or "template" by which they measure themselves (McCarthy, 1990; Rodin et al., 1985; Striegel-Moore et al., 1986), few have sought to assess how far from their ideal template women perceive themselves to be and the relationship of the size of this perceived discrepancy to their body satisfaction. The present study is among the few empirically to suggest that overall body satisfaction is strongly related to one's perception of discrepancy from ideal standards. For women in this sample, higher body satisfaction, as measured by the Body Esteem Scale, was related to perceiving themselves as being closer to the societal ideal, as measured by the PDI Scale. Such findings imply that to the extent their templates are images that are difficult to achieve, perceived discrepancy will be large which then may be associated with body dissatisfaction.

These results are preliminary in nature. The PDI measure may not be an independent or separate measure from the BES. Since body satisfaction was so highly correlated with PDI in this sample, the PDI variable may have only provided redundant information in the multiple regression equations of hypotheses 1 and 2.

A New Variable: Importance of Meeting the Ideal

Of additional importance is that body satisfaction is not the only predictor of scores on self-esteem and depression measures. As shown in the tests of Hypotheses 1 and 2, IMI plays a substantial role. This study is the first study to call attention to and measure this variable. The results, although only preliminary, suggest that IMI may also be a predictor of self-esteem and depression scores. IMI appears to be an independent factor. Since IMI was not significantly related to perceived body type discrepancy (BTD) and had only a low albeit significant correlation to PDI, the IMI variable in this study does not seem to be strongly

related to how discrepant from the ideal a woman perceives herself to be.

As predicted for this sample, low body satisfaction alone did not predict self-esteem scores (as measured by the Rosenberg Self-Esteem Scale) and depression scores (as measured by the Beck Depression Inventory) as strongly as when IMI was included as a predictor. Based on partial correlations, IMI was essentially as powerful a predictor as was body satisfaction for self-esteem and depression-Beck scores. Although much of the literature reports that low body satisfaction can predict scores on self-esteem and depression measures, this study strongly suggests that IMI may be an important, mediating variable in the equation. The presence of IMI helps us to understand why all women who are dissatisfied with their bodies do not inevitably display the lowered self-esteem and depression scores reported by many studies. Perhaps women can escape the negative consequences of body dissatisfaction if they do not value the importance of meeting the ideal.

Post hoc analyses revealed some additional interesting interactions in regard to IMI. When body satisfaction was high, IMI did not make much difference in self-esteem or depression scores, i.e. the high BES-high IMI (HH) and high BES-low IMI (HL) groups did not differ significantly on the dependent variables. However, when body satisfaction was low, the importance factor made a significant difference. Low body satisfaction accompanied by high IMI was most strongly predictive of the lowest self-esteem and the highest scores on both the Beck and the DACL. This finding further suggests the importance of IMI as a mediating factor between measures of body dissatisfaction and depression scores and lower self-esteem.

Although IMI in combination with body satisfaction was a significant predictor

of scores on the depression-DACL in the post-hoc analyses, it is interesting to note that IMI was not a significant predictor of depression-DACL in Hypothesis 1. No explanation of these different results is immediately available from this study. Further research is needed to explore the causes.

Given the number of variables that potentially influence self-esteem and depression scores, it is important to realize that the body image variables in this study accounted for 31% of the variance; these results support the contention of many writers (Freedman, 1986; McCaulay et al., 1988; Mintz & Betz, 1986) that young women's body image is an important aspect of their self-esteem.

Limitations of Present Study and Suggestions for Future Research

The sample was limited to American college women ages 17-26 in the Los Angeles area; therefore, generalizing to older women and noncollege students is limited. Replicating this study with different age groups in different geographic areas would be useful and interesting. Examining ethnic group similarities and differences on these variables with a larger number of ethnic minority respondents could also be informative.

The use of new instruments is a limitation of this study. Since the PDI and IMI scales were developed for this study, the lack of norms on these instruments must qualify our interpretations. This limitation is particularly important in regard to the post hoc analysis for which a median split was used to determine low and high categories of IMI due to the unavailability of norms. Validity studies of the IMI and PDI Scales are needed to establish their relationship to other criteria. The Body Type Scale, which was adapted from the Perceived Somatotype Scale (Davis, 1985), yielded a Body Type Discrepancy (BTD) which was not a significant predictor of scores on the self-esteem and depression measures for this sample.

This lack of statistical significance may have occurred due to the small discrepancies reported by most of the respondents.

When using the Beck Depression Inventory with normal populations, as in this study, the results must be cautiously interpreted since it was originally developed for use with clinical populations. Although this instrument has been used to detect possible depression in normal populations for many years (Steer, Beck, & Garrison, 1985), Beck has not used these findings to generate normative data on nonclinical populations. Future studies with normal respondents designed to detect actual clinical depression in addition to depressed mood would be beneficial.

Next, given the pressure on women to meet the ideal, how and why did some respondents score low on the IMI factor? What in their developmental history and/or environment made this possible? Perhaps such factors as parental values or peer influence make a difference. In addition, who are the women who scored low on body satisfaction and low on IMI yet did not have the lowest self-esteem or highest depression scores? Maybe other priorities (such as education, career, family, or friends) make body satisfaction and IMI less important. These questions should be explored in future research to understand what characteristics distinguish these women from the other groups. Research could elucidate how some women avoid strongly subscribing to the ideal. The results could lead to a greater understanding of how to help women to have healthier body images and/or fewer negative consequences from body dissatisfaction.

In summary, if further research can fully confirm both the reality of the IMI variable and its mediating role between body satisfaction and measures of self-esteem/depression, investigation of how differences in IMI develop and its relationship to other factors would seem an important new direction for study.

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